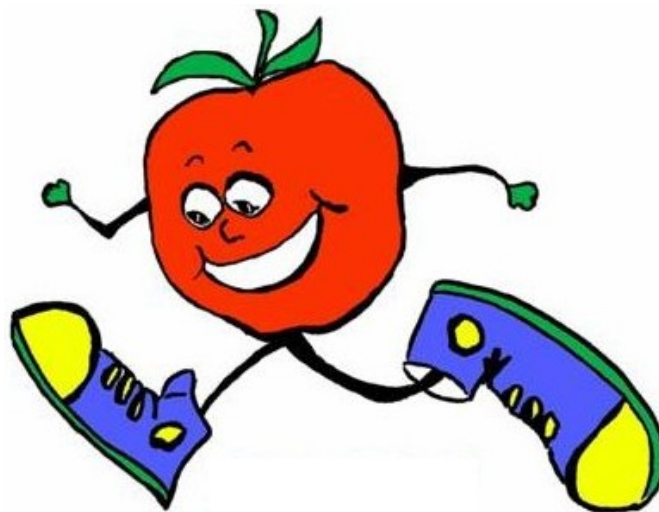


SCHOOL NUTRITION PROGRAMS

ADMINISTRATIVE UPDATE

2005-2006



Linda McCulloch, Superintendent

Montana Office of Public Instruction

PO Box 202501

Helena, Montana 59620-2501

www.opi.mt.gov

2005-2006 SFA REQUIREMENTS CHECK SHEET

		<u>Date Completed</u>
Updated Sponsor and Site Information Sheet(s)	Complete by September 15, 2005 <i>Submit online to School Nutrition</i>	_____
HACCP Plan	Plan in place by SY 2005? Yes _____ No _____	
Two Sanitation Inspections	Date Notice sent to County Sanitarian: _____ <i>Retain copy of notice in your files</i> Date First Inspection Completed: _____ Date Second Inspection Completed: _____	
1st Afterschool Snack Program Review	Complete by October 31, 2005 <i>Retain in your files</i>	_____
Civil Rights Self-Evaluation	Complete by October 31, 2005 <i>Retain in your files</i>	_____
Verification of Free and Reduced-Price Meal Applications	Complete by November 15, 2005 <i>Retain in your files</i>	_____
Verification Summary	Complete by December 15, 2005 <i>Submit to School Nutrition Programs</i>	_____
Meal Counting and Claiming Self-Review	Complete by February 1, 2006 <i>Retain in your files</i>	_____
2nd Afterschool Snack Program Review (Complete on same form as 1 st review)	Complete by February 1, 2006 <i>Retain in your files</i>	_____
School Wellness Policy www.opi.state.mt.us/schoolfood/wellness.html	Policy in place by July 1, 2006	_____



AFTERSCHOOL SNACK PROGRAM REVIEW

Complete and retain in school files

School Food Authority: _____ Site: _____

Date completed: _____ Check One: _____ First review* _____ Second review**

*First review is required within the first four weeks of school year, **second by February 1, 2006.

Fill out a new form for each review.

Program Requirement	Yes	No
1. Does the after school care program provide students with regularly scheduled activities in an organized, structured, and supervised environment that includes educational or enrichment activities?		
2. Does the District administer or sponsor the after school program?		
3. Is documentation of individual student attendance maintained on a daily basis?		
4. Are accurate snack count records maintained on a daily basis? (total counts for area eligible sites; counts by type - free, reduced price, and full price for non-area eligible sites)		
5. Is a maximum of one snack per student per day claimed for reimbursement?		
6. Do the snacks that are served meet the minimum meal pattern requirements?		
7. Are daily production records maintained?		
8. Is the snack priced as a unit?		
9. Are snacks served free or at a reduced-price for all students who are determined to be eligible for free or reduced price snacks at a non-area eligible site?		
10. If charging for snacks, the charge for a reduced-price snack does not exceed 15 cents?		
11. Are snacks provided free to all eligible students at an area-eligible site?		

Results of Review	Yes	No
1. Is a corrective action plan required?		
2. Is a follow-up review required?		

Suggested Corrective Action (follow-up in 45 days)

Signature: _____ Date: _____



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National School Lunch and Breakfast Programs
Civil Rights On-site Review
Due October 31 of each school year for each serving site

School Food Authority (District Name)	Agreement Number
1. Is a USDA/FNS <i>And Justice for All</i> poster displayed in a prominent place in each SFA food serving/dining area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is the correct nondiscrimination statement included on all public notification materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Has the SFA sent out a public release to community and grassroots organizations at the beginning of the school year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Are foreign language translations available when a significant number of persons speaking only a foreign language is in the population?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. a. Are procedures established to receive complaints alleging discrimination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Have there been any written or verbal complaints alleging discrimination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. If Yes, have these complaints been reported to the State Agency or USDA?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Do admission procedures used restrict enrollment by minority persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are incorrectly denied free and reduced-price applications disproportionately composed of minority applications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Are persons with disabilities provided program benefits as prescribed by regulations, as appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Complete the chart below from information collected on the free and reduced-price meal applications. If this information is not supplied, a school official may fill in the data based on their best knowledge and personal observation.

Racial/Ethnic Category	SFA Enrollment	Number Free/Reduced-Price	Number Denied
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Native Hawaiian or Other Pacific Islander			
White			
Total			

Signature Maintain at School Food Authority – Do Not Mail to State Agency	Date of Review Revised 03/05
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**National School Lunch and Breakfast Programs
On-site Review of Meal Counting and Claiming Procedures
Instructions for Regular Schools**

National School Lunch Program regulations 7 CFR 210.8(a)(1) require that the School Food Authority (SFA) conduct an on-site review in each building annually before February 1.

Food Service Management Company (FSMC) personnel may not complete the annual on-site reviews. Only employees of the SFA may perform this function.

The SFA must review all free, reduced-price and denied applications to assure that they have been accurately approved and that students are receiving the correct benefits to which they are entitled. Refer to the *Eligibility Guidance for School Meals Manual* at the following Web site: <http://www.fns.usda.gov/cnd/guidance/default.htm>.

The monthly claim for reimbursement must be supported by an approved counting system that provides an accurate count at the point of service of free, reduced-price and paid meals in each building.

A point of service meal count is defined as a system of counting meals at that point in the food service operation where it can be accurately determined that a reimbursable free, reduced-price or paid meal has been served to an eligible student.

Adult meals, a la carte items and second meals are not reimbursable and should be accounted for separately.

The **only** approved alternatives to the point of service meal count include:

- Schools taking a meal count at the beginning of the meal service line, provided a staff person at the end of the meal line check to ensure the student has a reimbursable meal; and
- Schools approved by the State Agency to use Special Provisions 2 simplified counting procedures. These schools must complete a review form specifically for schools using special provisions during non-base years. During the non-base years, Provision 2 schools only count the total number of reimbursable meals at the point of service. Meal counts by eligibility category are not required.

If any of the questions are answered “No,” a corrective action plan is required. Follow-up of corrective action must take place within 45 days of the review.



National School Lunch and Breakfast Programs
On-site Review of Meal Counting and Claiming Procedures
Due by February 1 of each school year for each serving site

School Food Authority (District Name)

School Name (One Per Building)

Attendance Factor _____%	Meal Count Day of Review	Currently Approved
Free		
Reduced-Price		
Paid		

I. Application/Direct Certification Approval

1. Are free and reduced-price applications on file correctly approved? ☐ Yes ☐ No ☐ N/A
2. Was verification of free and reduced-price applications correctly completed by November 15? ☐ Yes ☐ No ☐ N/A
3. Are changes in eligibility status made within 3 operating days when benefits are increased and 10 operating days when benefits are decreased? ☐ Yes ☐ No ☐ N/A
4. Is direct certification documentation maintained by the school/district? ☐ Yes ☐ No ☐ N/A

II. Benefit Issuance List

1. Is a benefit issuance list used in the meal system? ☐ Yes ☐ No ☐ N/A
2. Do names listed on the benefit issuance list match approved applications/direct certification letters on file? ☐ Yes ☐ No ☐ N/A
3. Is the benefit issuance list updated as needed? ☐ Yes ☐ No ☐ N/A

III. Meal Count System

1. Does the meal count system produce an accurate count of reimbursable meals (free, reduced-price or paid) served to eligible children? ☐ Yes ☐ No ☐ N/A
 - a. Is the implemented collection procedure the approved collection procedure? ☐ Yes ☐ No ☐ N/A
 - b. If the meal count is not taken at the end of the foodservice line (point of service), does the school have a system to account for reimbursable meals? ☐ Yes ☐ No ☐ N/A
 - c. Are only meals that meet meal pattern requirements counted and claimed for reimbursement? ☐ Yes ☐ No ☐ N/A
 - d. Does the collection procedure ensure that only one meal per child per day is claimed for reimbursement? ☐ Yes ☐ No ☐ N/A

2. Does the meal count system prevent overt identification? ☐ Yes ☐ No ☐ N/A
 - a. Is the medium of exchange made available to all students at the same location? ☐ Yes ☐ No ☐ N/A
 - b. Are accepted codes used to identify students as free, reduced-price or paid? ☐ Yes ☐ No ☐ N/A
 - c. Does the school have a trained substitute cashier? ☐ Yes ☐ No ☐ N/A
 - d. Is there a backup counting system in case of mechanical failure of the automated system? ☐ Yes ☐ No ☐ N/A

IV. Meal Count Recording and Edit Checks

1. Does the school use proper procedures for counting and recording meals? ☐ Yes ☐ No ☐ N/A
2. The number of free and reduced-price meals claimed do not exceed the number of free and reduced-price eligibles for each day of the review month? ☐ Yes ☐ No ☐ N/A
3. Does the school have proper procedures to manage and safeguard cash for a la carte, adult meals, etc.? ☐ Yes ☐ No ☐ N/A

V. Results of Review

1. Is a corrective action plan required? ☐ Yes ☐ No ☐ N/A
2. Is a follow-up review required? ☐ Yes ☐ No ☐ N/A

VI. Comments, Notes and Observations During the Review

VII. Suggested Corrective Action (Follow-up in 45 days)

Signature

Date of Review (by February 1)

Maintain at District Office – Do Not Mail to State Agency Revised 03/05



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REQUEST FOR INSPECTION
NOTICE TO COUNTY SANITARIANS

[Date]

To the [Your District's County] Health Department,

[Name of School District] **would like to notify your office that its schools** [Names of all schools that need to be inspected] **are participating in the U.S. Department of Agriculture's School Nutrition Programs. As a participant in the School Nutrition Programs, these schools are required to have two sanitation inspections each school year, per the Child Nutrition Reauthorization Act of 2004.**

[Name of School District] **would like to request the required sanitation inspections at your convenience. Please contact me if you have questions. Thank you for your time and attention to this matter.**

[School Contact Person]

[Address]

[Telephone]

Sanitation and HACCP Self-Review Form

School District or RCCI: _____

Agreement Number: ____ - ____ - ____ - ____

Date of 1st Sanitation Inspection (required): ____ / ____ / ____ - ____

If not completed, please explain:

Date of 2nd Sanitation Inspection (required): ____ / ____ / ____ - ____

If not completed, please explain:

Date of any other Sanitation Inspections: ____ / ____ / ____ - ____

Update on HACCP (Hazard Analysis and Critical Control Points) Plan: *A HACCP Plan is required for all schools participating in the School Nutrition Programs.*

Person(s) responsible: _____

Staff person(s) ServSafe certified: _____

Staff person(s) trained in HACCP: _____

Signature

Date

Please maintain on file at school district. This form is for the school's use to determine if they are meeting safety and sanitation requirements.

***** If you are a new clerk or secretary, or know of a new clerk or secretary who has not dealt with the School Nutrition Programs previously, administrative training is available free of charge. Please contact School Nutrition Programs at (406) 444-2501. *****



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